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without delay, on the aspirin in the medicine closet, the hot water bottles in the work room or the trays in the serving room. She will simply follow the same procedure as that practiced in the class room, where all these articles are kept in corresponding places. This process simplifies her first night duty. I admit I held my breath when I saw five pupils, one on each floor of the private pavilion, each beginning her first night duty on one and the same night, but as I heard no complaints and nothing happened, regular breathing was resumed. They all did things in the same way, found utensils in the same place and, strangeness being absent, they were able to give their whole attention to the personal side of the work.

In standardizing our equipment, we discarded practically nothing. In our department of communicable diseases and in our children's department we were able to place equipment that came from the larger wards and to equip the larger wards with the new appliances.

I was asked to speak of "Installation" and I realize I am off my beat when I sound a note of warning and yet I take the liberty of so doing. I believe in standard equipment, in standard procedure, in standard requirements, I often wish doctors and nurses were better standardized, but when we try to standardize our patients, I think we are in for trouble. Standards are for well people and inanimate objects. Sick people have temporarily lost their normal control and in dealing with them we should forget our standards, get out our psychology, and make them as happy and contented as possible.

THE MAINTENANCE OF STANDARD EQUIPMENT[1]

By Edna W. Gorton, R.N.

Rochester General Hospital, Rochester, N. Y.

After the equipment of a hospital has been standardized and is available for use, there is always the problem of keeping that standard the same from day to day, from week to week, or from month to month. The aim is to keep the standard the same for each ward unit and the equipment in the best possible condition, at the least cost of time and energy.

To carry this out, the placing of the equipment is one of the first steps to be considered. The simplest and easiest method is to have the placing the same for each ward unit, then when a nurse goes from one ward to another the only differences will be the patients and the treatments or, in other words, the human element. You are all familiar with the situation where on Ward A., for instance, the hypodermic set is kept in the medicine closet, while on Wards B., C., and D., it will be found anywhere, from the linen room to the surgical room, and so on, with all the equipment. Also you are familiar with the hospital where each head nurse is an autocrat in her small domain. She decides that she would have more room for the small pieces of her ward linen, if she put her extra linen in the closet in the hall. Those of you who have been night superintendents will appreciate this situation, especially when there has been an emergency and you have had to stop to think which ward it is, and where things are. Also those who have done special duty in hospitals, know how much running from floor to floor must be done to give a treatment, especially in the small ones. Such experiences show quite clearly how essential placing is, in maintaining an equipment which is standardized or otherwise. First, it facilitates the ease with which it can be found both for inventory and for use, second, it adds to the appearance of the ward by having things in a uniform order, third, it makes for less breakage, because the placing is chosen to allow for the least possible wear and tear, fourth, it saves much of the nurses' time by not having to learn new places for equipment each time a change is made, and that time may be spent in more essential nursing duties.

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[1] Read at a meeting of the New York State League of Nursing Education.

The next important step in the maintenance of an equipment is its care. The first important factor of care is keeping the equipment clean. Soap, water, and a great deal of elbow grease are the three requisites for keeping any hospital equipment clean. In the diet kitchen, soap, hot water and clean towels are essential. A central dish-washer would seem efficient and sanitary, but it is the hospital pocket-book which must be consulted before such a system can be installed, and most such pocket-books are either too empty or those holding them cannot see the efficiency of a dish-washer, so we return to soap, hot water, clean towels and the conscientious use of the same by a competent maid who is a luxury at any time. In the utility rooms, lavatories, and bath rooms, brown soap, hot water, a duster, and a nurse with a good background of hygiene and sanitation are most effective for general cleaning, while brown soap and water, plus some scouring agent, keeps the enamel ware, sinks and hoppers white and clean. Glass douche tips, glass connecting tips and small articles of glassware kept in constant use, if washed in soap suds, boiled in a solution of sal. soda and kept in a weak solution of lysol, remain bright and clear. Rubber goods are a problem in themselves. Hard rubber enema tips and murphy tips, if washed in hot soap suds after use and kept in a weak solution of lysol, will last an indefinite length of time. Soft rubber goods, such as catheters, gloves, etc., if washed, boiled, dried, and powdered, keep their flexibility over a fair length of time.

Mattresses should be aired, preferably out of doors in the sunshine, for at least twelve hours after the discharge of a patient, and longer if the case has been infectious. The same treatment for blankets and pillows is especially good. The blankets should be washed only when badly soiled. Such a scheme does away with expensive fumigation outfits, although it does not, perhaps, meet with all the requisites for keeping porches neat. A special porch or room for each ward, or one for the entire hospital, such as they have at the Rockefeller Institute in New York, would seem better than to eliminate the airing of mattresses, blankets, and pillows. This would also provide for a constant supply of aired articles for making empty beds for incoming patients. Such cleaning comes not weekly, nor every few days, but every day in the week. Therefore the simpler the equipment, the less scrubbing, less breakage, less time and energy lost.

The use to which articles are put is another large factor in maintaining a standard equipment, such as the careful handling of enamel ware to prevent chipping, care in placing glass articles in cold water and then bringing to the boiling point, expelling air from and hanging to dry of hot water bottles, the special care given to varnished and polished furniture, the returning to proper place of equipment after use, the legitimate uses of individual articles and so on. The best method of handling this situation is by giving a course in hospital housekeeping and sanitation, with practical demonstration and constant supervision on the wards. This course should give a fair estimate of the cost of the articles used and their cleaning material, so that each nurse may be made to realize that she is handling material that has value and that must be handled with certain precautions in each case. This is not only to save money for the hospital, that it may buy better equipment for the care of patients, but that the nurse may learn to use and care for the property of others as though it were her own. This is a lesson badly needed by some nurses, especially when they are in private families where there is only a limited income.

The method of marking has a place in the maintenance of equipment. Each ward should have its own distinctive mark for each article. Dishes and silver-ware are the articles most likely to be missing at inventory time. A color scheme for dishes is most effective: plain white for Ward A., pink-bordered for Ward B., blue for Ward C., green for Ward D., and so on. Some hospitals have gone to the expense of having dishes marked with the letters of the ward, fired on with the pattern. A central dish-washer would eliminate the necessity for marking. Each ward, at meal time, would receive the necessary dishes for the meal, which would be returned after use.

Most hospitals have recognized the efficiency in having general linen for all the wards; why not the same for dishes? It would eliminate time, money, and the energy of from two to three maids. Where dishes are marked, those not belonging to the ward can be readily distinguished and returned to the proper floor, or those in search of missing articles can recognize their own more readily. Also this scheme eliminates the possibility of using and keeping the dishes of another ward for replacing the missing dishes on that particular floor. Borrowing, as we know, is a very poor policy and an especially bad habit, yet a certain amount is continuously going on and where equipment is marked, it is more likely to be returned to its right place and to be more readily claimed. Letters or figures of black enamel paint, shellacked over, make very good marking for white enamel ware, while lettering of white paint, shellacked, makes very good marking for dark colored enamel ware and dark colored glass. Hot water bottles, scissors, instruments, pitchers, etc., are best marked by metal tags and metal clamps, while mattresses, pillows, stupe wringers, etc., can be marked with indelible ink. Rubber draw sheets and pillow cases are best marked by stitching the letters on. The value of marking articles and marking distinctly can readily be seen when inventory time arrives.

Equipment will wear out in time and need repair or replacement by new. To best handle this, a system of exchange is most efficient. A definite day should be set aside for this; one day a week being the usual custom. Written requisitions from the ward, signed by the head nurse in charge, should be sent in the day before. These should be O. K.'d by the one who does the buying of supplies for the hospital. This gives an opportunity to estimate the breakage, the repair work necessary and to decide whether, in purchasing again, some better article could not be bought which would be more serviceable and perhaps less costly. The requisition should then be sent to the store-room, on the same day. The following day the pieces of broken or worn out equipment should be sent to the store-room. The store-keeper then makes the exchange according to the requisition and returns the articles to the respective floors. A simple method for conveying the articles to the store-room and the various wards, is to have a half bushel basket for each floor which is kept on the ward when not in use. On the morning of exchange, the night nurse takes the basket containing the broken pieces to the store-room on her way off duty. The store-keeper returns the basket with new and needed articles to the various wards, by his assistant, on the afternoon of the same day. This method works very well for general ward equipment.

The problem of taking an inventory is a side partner to that of maintaining the equipment, for without an inventory the maintenance cannot be estimated. Inventory of ward equipment which is always kept in its proper place, and which is properly marked, is a comparatively easy piece of work. A list, preferably typewritten or printed, of the exact number of articles on the ward should be made when the equipment is placed and marked. If new equipment is added to the ward, it should also be added to the list. If old equipment is removed, it should be struck off the list. This list gives a basis on which to work, in other words, it sets the standard count for that particular ward. This list should be so made that articles in the utility room, linen room, medicine closet, diet kitchen and so on, are grouped, so that each room may be inventoried at one time. By this method, time and energy in running from one place to another are saved. Such an inventory should be made once a week, in order to keep the equipment up to its best standard, and should be made by the head nurse or her assistant. In this way the nurse learns, if she has not done so already, the value of the proper placing and proper use of equipment. If the count falls short of the standard, the head nurse, with her nurses, are held responsible. A good way to make them feel the responsibility is to make them pay for the broken article before an exchange can be made or to take the amount of breakage from their allowance. If the offense cannot be placed, all the nurses on the floor must divide the expense. Such a scheme has been worked out at the Albany General, and after many months' trial has proven quite effective in keeping up the standard.

The problem of extra appliances for fracture beds, orthopedic cases, bed boards, and equipment for isolated cases has been very satisfactorily worked out. A closet is kept for the fracture boards, splints, sand bags, etc., and another closet for the isolated cases, such as bed pans, wash basins, urinals, pitchers. These closets are kept locked. The key may be obtained from the office, but any equipment removed must be listed in a book provided for the purpose, with date and ward number; this is signed by the one obtaining the equipment. When the equipment is returned, the list must be checked, dated, and signed by the one returning it. This method makes these articles available for all the floors without making one floor responsible, or cluttering up a ward with equipment not in constant use.

So in maintaining a standard equipment, the important features are: careful and systematic placing, legible marking of articles, a definite system of exchange, the proper use of articles, a list by which the count may be taken, and placing the responsibility of the upkeep directly on the users of the equipment.